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ABSTRACT

As the numbers of Korean immigrants, particularly Korean elders continues to increase, their adjustment problems and service needs are beginning to receive attention in communities with a large influx of Asian immigrants. To examine Korean elders' use of filial and formal support systems in dealing with their problems, 151 older Koreans living in New York City were interviewed. Most subjects had migrated to the United States within the past 10 years. The study focused on living arrangements of Korean elders, on service needs, on the pattern of help between adult children and aging parents, and on the use of formal services by Korean elderly. Among major findings, the sample respondents expressed a strong preference for living apart from their children who had brought them to the United Sates, mirroring a pattern of intergenerational living arrangements more characteristic of the United States than Korea. Help between generations was reciprocal, but a substantial proportion of older Koreans turned increasingly to formal agencies for help in time of illness, for income maintenance, housing assistance and transportation, to supplement help from family and friends. As expected, a lack of bilingual communication skills on the part of Korean elders and service providers created a barrier to the use of essential services by older Koreans. To remove the existing barriers and to improve the delivery of services, Korean elders suggested that a multiservice center be organized and administered by Korean speaking staff. (Author/JAC)

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KOREAN ELDERLY IN AMERICA:

ACCULTURATION AND CHANGES IN LIFE STYLE

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An Abstract

Title: KOREAN ELDERS IN THE US: ACCULTURATION AND CHANGES IN LIFE STYLE. Yang K. Koh, Multidisciplinary Center on Aging, Florida State University, Tallahassee, FL 32306

This research investigated a sample of Korean elderly in the New York City area who migrated to the United States largely within the past ten years. The study focused on living arrangements of Korean elders, on service needs, on the pattern of help between adult children and aging parents, and the use of formal services by Korean elderly. Among major findings, the sample respondents expressed a strong preference for living apart from their children who had brought them to the United States, mirroring a pattern of intergenerational living arrangements more characteristic of the United States than Korea. Help between generations was reciprocal but a substantial proportion of older Koreans turn increasingly to formal agencies for help in time of illness, for income maintenance, housing assistance and transportation, to supplement help from family and friends. As may be expected, a lack of bilingual communication skills on the part of Korean elders and service providers created a barrier to the use of essential services by older Koreans. To remove the existing barriers and to improve the delivery of services, Korean elders suggested a multiservice center be organized and administered by Korean speaking staff.

KOREAN ELDERS IN AMERICA: ACCULTURATION AND CHANGES IN LIFE STYLE

Introduction

Older Koreans in the United States have received virtually no attention in the gerontological literature and limited attention in the provision of community services for the minority aged. Aging planners and providers may have overlooked problems of Korean elders because of their small numbers or a common assumption that Asian Americans "take care of their own" or "rarely become social problems" (Kalish and Yuen, 1971:37). The absence of research and planning for the Korean elders, however, does not mean that they do not have any adjustment problems, but rather it suggests those problems have not been thoroughly documented and examined.

The main purpose of this 1982 study was, therefore, to examine the Korean elders' use of filial and formal support systems in dealing with problems and needs encountered in their daily living. Since virtually no information was available on coping patterns of the Korean elderly residing in the United States, the present study was meant to be primarily exploratory in nature, addressed mainly to the following five specific questions:

1. What are the demographic characteristics and living arrangements of the Korean elderly residing in New York City?

2. What problems and service needs do they have in their later life in the United States?

3. Where do they turn for help when they have problems and service needs?

4. What are the intergenerational relations and patterns of family help?

5. What are the extent of their knowledge, needs, and utilization patterns of formal sources of help?

Korean Immigrant Elderly in the United States

Although the first Korean immigrants, numbering 7,226 people, reached the Hawaiian shores during the period of 1903-1905 (Hurh, 1977:26), the first count of Koreans in America as a distinct ethnic group was in the 1970 U.S. Census. The earlier Census reports included Koreans in the category of "Other Asians." As Ryu (1977) clearly stated, demographic studies of the Korean-Americans thus have been severely limited by the unavailability of baseline data and by the limited nature of the available data.

The 1970 U.S. Census (PC1-D) reported a total of 70,598 Koreans residing in the United States, of whom 2,340, or 3.3 percent, were 65 years of age and older. Some ten years later the total number of Koreans has increased more than five times to a total of 354,529 in 1980 (PC-S1-3), of whom about 14,000, or 4.0 percent were estimated to be 65 and older. Considering a continuous inflow of immigrants from Korea and a natural increase among Korean-Americans, it is now estimated that Korean population in the United States will be well over a half million by the end of 1983.

As the numbers of Korean immigrants in general, and Korean elders in particular, continue to increase and become more visible, their adjustment problems and service needs are beginning to receive attention within communities which have experienced the impact of a large influx of Asian immigrants. As new immigrants from an alien culture, Korean elderly experience a common marginality with other Asian minorities by reason of a severe handicap brought about by their unfamiliarity with the American culture and language. In addition,

Korean elderly face institutionalized victimization and systematic discrimination as a racial minority group (Jackson, 1980). One may wonder how these Korean elders adjust to the American society. More specifically, one might be curious about the coping patterns of Korean elders as related to their service needs and normal support systems.

Support Systems of Elderly Koreans

In urban society, the support system for the elderly persons increasingly involves an amalgam of informal services offered by the family, friends, and neighbors, and by formal services provided through local social and health care organizations (Cantor, 1975). Informal and formal support services have different roles and differing relative importance to the elderly at various phases in their aging process. It is however, to informal services, particularly filial support, that older people turn first and most frequently as a source of help (Bell, 1969).

Adult children have traditionally been the primary source of help to whom Korean elders turned first for assistance when they have problems. However, since the elderly Koreans are living in the United States and not in Korea, both generations appear to have accepted a pattern of living arragnement more widely practised in the United States than in Korea. Recent studies found an increasing trend of separate living arrangements among the Korean elderly resident in New York and in Philadelphia (Choi, 1978; Peralta and Horikawa, 1978). As the Korean elderly shifted to a pattern of living apart from their adult children, their care during illness, income maintenance, housing, and transportation became more complicated. Adult children,

as new immigrants themselves, were experiencing financial strain with regard to resources to fully support their aged parents. Consequently, formal organizations came into play as important sources of help, not to supplant but to supplement help from children (Bell, 1969). Care of older Koreans in the United States, therefore, is increasingly becoming a shared function of families and formal organizations.

Study Methodology

The data on living arrangements, service needs, sources of help, filial support, and the use of formal services were collected from a sample of Korean elderly, aged 60 and over, residing in New York City area. Using an hour long structured interview schedule, translated into Korean language, a total of 151 Korean elders, 77 males and 74 females, were interviewed in June 1982 by the primary author and his wife, a Korean-speaking social worker.

Due to the paucity of information on Korean elderly in New York City area and the insufficient time and finances, sampling was achieved by using a non-random method, of judgment sampling (Warwick and Lininger, 1975). An effort was made to reflect the age, sex religion, length of residence in the United States, and geographic distributions of Korean elders spanning the five boroughs of Bronx, Brooklyn, Manhattan, Queens, and Staten Island. The starting point was the Korean Senior Citizen Club located in Flushing, New York. From available lists maintained by this club, it was possible to contact and interview 63 respondents. These respondents were asked for the names and addresses of elderly Korean friends, and those newly identified

people were then asked to identify others. In addition, the interviewers visited the Korean Community Center, five different Christian churches, two Buddhist temples, the Korean YMCA and YWCA, Korean elders' Fishing club and Chess club. As a result, the sample population of Korean elders interviewed in each borough were close to the proportion of 1980 Census report on Korean elders in New York City (PC80-1-B34). It must be emphasized, however, that the nonprobability nature of this sample restricts the generalizability of findings.

Study Findings

Characteristics of Sample Population. The majority of respondents (96%) were immigrants who came to America between 1972 and 1982. The average length of residence in America was five years. The median age was 73 years and the mean age was 69. The age distribution ranged from 60 to 86 and the modal age category was 65-69. Most older men were married (83.1%), while most older women were widows (81.1%). Over 75 percent were affiliated with Christian churches and about 14 percent reported themselves as Buddhists. The average schooling of the respondents was nine years of education. Close to 22 percent of them were employed, 6 percent in full time and 16 percent in part-time work. Of the 151 respondents, 51 percent reported living with their adult children and 49 percent resided in separate households apart from children. Over 70 percent of all respondents, however, preferred to live in separate households, while less than 30 percent preferred to live with their children. Among those who reside in joint households, almost one-half would prefer to move out of their children's homes, while among those who have separate households, only 3 percent wanted to move into their children's households.

A summary of the respondents' demographic characteristics and living arrangements is presented in Table 1.

Table 1

Summarized Distribution of Selected Variables of New York City Sample of Elderly Koreans Aged 60 Years and Older as of June 1982

Variable	Distribution within Sample
Age	Dispersed over four age categories: 60-64, 65-69, 70-74, and 75+, with concentration in two: 70-74 (male) and 65-69 (female)
Sex	Male (51%), female (49%)
Marital Status	Married (51.7%), not married (48.3%), widowed (45.7%), and separated (2.6%)
Religion	Christians (75.5%); Protestant (64.9%), Catholic (10.6%), Budhist (14.6%); no religion (9.3%)
Education	Median: completed middle school; Completed college (23.1%); no school education (13.9%)
Social Class	White collar (68.2%); Blue collar (31.8%)
Length of residence in the United States	96% immigrated between 1972-1982; one-half came to U.S. between 1977-1982
Retirement Status	78.1% retired; 21.9% in labor force in U.S. (6% full-time and 15.9% part-time)
Existence of Children	100% had at least one child in U.S.; Average number of children: 4.7, with a minimum of 1 to maximum 10
Living Arrangement	51% in same households with children; 49% in separate households from children

Service Needs. Six major problems were identified by the respondents: they were, in the rank order of their seriousness: proficiency in the English language, health, loneliness, transportation, income, and housing. Over two-thirds of the respondents reported they could not speak or understand English, creating serious problems in their daily activities in an English speaking society. The second most serious problem was poor health, such as high blood pressure (25.2%), neuralgia or body aches (21.1%) and digestive problems (20.5%). Though the self-rated health status among the respondents was reported in more positive terms as good (62%) rather than poor (28%), over 64 percent had seen a medical doctor during the last 12 months and more than 11 percent experienced hospitalization during the same period because of sickness. When respondents need to see a physician, they usually visited Korean speaking medical doctors (66%) or Korean herb doctors (8%) rather than American medical doctors (18%) or hospital emergency rooms (1%). The high utilization of Korean physicians, as anticipated, is explained by the respondents' immigrant status, language problem, and access to the Korean speaking medical doctors in the New York City area.

Loneliness was the third serious problem for respondents. Lack of language skills and the absence of intimate groups comparable to their existence in Korea seem to result in unfulfilled emotional needs and may have affected the leisure activities of respondents which tend to be more limited, passive and individual rather active, external, and oriented to social groups. For instance, the vast majority of the respondents (83%) indicated that they enjoyed reading Korean

newspapers or magazines rather than active outdoor programs (4.6%). Reflecting the direction of their leisure activities, over 45 percent of respondents expressed their desire for an activity center for the Korean elderly in the New York area.

Very few respondents had their own cars (3%) and less than 24 percent of them received transportation help from their children. The majority of respondents (68%) used the public transit system of subways and bus services. The public transit system, however, was not used by the respondents without some discomfort. Over 12 percent of them mentioned that they experienced difficulties in using public transit because of their physical condition. Another 11 percent of them did not know how to use the public transit. Further, 10 percent of respondents complained of the public transit being too costly, that it did not go where they wanted to go, or the subway stations or bus stops were beyond walking distance from their homes. This means that about one-third of respondents had to find an alternative to public transportation to reach desired destinations.

When the question of income adequacy was probed, close to 67 percent of respondents reported they had sufficient income. On the other hand, 33 percent of them indicated either their income was not adequate (29%) or their income was so low that they needed immediate financial assistance (4%). Respondents living with their children were obviously not affected by the 1980 poverty level for aged persons ($3,949 for single persons 65 and over, and $4,983 for a couple: New York City Department for the Aging, 1982:4). But when they lived apart

from their children, some 12 percent of the respondents were reportedly below the poverty level.

Of all respondents, some 4 percent owned their own homes or apartments and a little over 40 percent were renters. Among those who live with their children (51%), respondents reported a feeling of being crowded with three generations residing in a one or two bedroom apartment. Some elderly respondents living in their children's apartments have their own bedroom, others sleep in the living room or, sometimes, on the kitchen floor. As a result, because of uncomfortable living conditions, strained relationships develop between Korean elderly and their children. Reflecting this stuation, over one-fourth of respondents needed immediate attention for their housing problems.

Sources of Help

Two major sources of help were identified in this study: respondents' adult children and formal organizations. When asked, respondents said they preferred to turn to their children for financial aid, transportation, care in sickness, and housing. They also were likely to turn to formal organizations to supplement those needs, especially for housing and health needs, rather than to their relatives, friends, or neighbors. Being new immigrants, Korean elderly seem to have less intimate relations with relatives, friends or neighbors to whom they can turn for help, as indicated in Table 2.

Table 2

Respondents' Sources of Help

Sources of Help	In Sickness %	Financial Aid %	Transportation %	Housing %
Children	57.0	74.2	73.5	51.0
Relatives	0.7	0.7	1.3	0.7
Friends	2.8	0.7	0.7	0.7
Neighbors	0.7	0.0	0.0	0.0
Churches	0.7	1.3	11.3	1.3
Formal Agencies	34.4	21.3	11.9	44.4
Other[1]	3.7	1.3	1.3	1.9
Total Respondents	100.0 (151)	100.0 (151)	100.0 (151)	100.0 (151)

[1]Includes spouse, senior club, and Korean community service center.

Filial Sources of Help. Over three-fourths of all respondents had multiple children as potential sources of assistance, and over two-thirds of them had children residing in the United States. All respondents had at least one child, and close to 7 percent had 8-10 children each. As indicated earlier over half of the respondents were found to reside with their children. Among those living in the United States, the proportion of locally resident children in this study reached 82 percent. Frequent contact between parents and children was maintained. Over 34 percent of respondents kept in touch with local children daily by telephone, and some 12 percent by personal visits. A

large majority of respondents indicated they had telephone calls (84%) and saw their children (54%) at least once a week. Elderly parents in this study were not isolated from their adult children and their relationships with their children were viewed as close and cohesive.

Patterns of filial support, reported by respondents, was reciprocal. Adult children helped parents with financial aid, transportation, housing, emotional support, and health care, while parents provided their adult children with child care, emotional support, meal preparation, assistance with house chores, and financial aid. The extent of help from adult children to aged parents exceeded the extent of help from parents to adult children particularly in the areas of financial aid, transportation, and a shelter.

Formal Sources of Help. The majority of respondents reported they had need for, knowledge of, and utilized such formal services as Medicaid, SSI, reduced fares for transportation, and housing assistance. By contrast, respondents had less need for, knowledge of, and utilized such services as friendly visiting, congregate meals, physical therapy, or telephone assurance. Respondents' major surce of knowledge about formal services was ethnic oriented. Over 92 percent of respondents learned about available formal services from ethnic sources such as family, friends, senior club, and Korean newspaper. Less than 2 percent of them learned about formal services from the designated welfare agencies. Among those who were not aware of formal services, the major reason for their lack of knowledge was clearly the problem of language.

The extent and type of formal service needs tended to reflect basic issues of personal maintenance common to most elderly in the United States; specifically, health care, income, transportation, and housing. Medicaid was the most used formal services among the respondents. Since over 75 percent of respondents had no private health insurance, and were not eligible for Medicare benefits because of their immigrant status, Medicaid has become the prime source for their medical care. Over 26 percent of respondents reported they received no Medicaid service though they are in need of health care.

As respondents increasingly shifted to independent households apart from children, SSI became an essential income subsidy to sustain normal expenses of daily living. Over 22 percent of respondents indicated they could not get the needed SSI benefits. Close to two-thirds of respondents were utilizing the public transit system as their primary means of transportation. About one-third of them did not have a transit discount card needed for reduced fares. In view of a preference among the respondents to live near but not with the children, over one-fourth of respondents indicated they were not receiving needed housing assistance. To remove the existing barriers to and improve the delivery of formal services, a majority of respondents suggested hiring Korean speaking staff for a multiservice center designed for Korean elderly in New York City.

Conclusions and Recommendations

Older Koreans are one of the fastest growing minority elderly groups in the U.S. today. Though the number is still small compared with other major minority elderly, the unmet needs of the Korean

elderly are increasing and becoming a social problem. Being immigrants from another culture, Korean elders experienced a problem common to most new immigrants, namely, a lack of proficiency in the English language. Additionally, they face problems not uncommon to elderly persons in general: health care, income maintenance, housing, and transportation.

Korean elders appear to be going through a process of acculturation and change in their life style. Older Koreans in this study were not isolated from their children. The intergenerational relations were close and cohesive. However, older Koreans who used to live with their children in the same house in Korea now increasingly prefer to live in separate households; close to one-half of the study population were living in separate households. A substantial proportion of Korean elders turned increasingly to formal services for help in times of illness, for income, housing, and transportation to supplement help from family. Care of older Koreans thus becomes a shared function of family and formal organizations. A lack of language skills and knowledge about available services, however, creates a barrier to the use of needed services by Korean elders. The majority of the older Koreans were unable to meet their need to learn the English language, obtain Korean food in a congregate nutrition program, and experience socio-cultural activities because of the unavailability of those services. Over one-third of the sample Koreans in this study were also unable to obtain formal services because of intrinsic barriers to the use of these community services.

The evidence from this study indicated that older Koreans share many needs in common with other elderly but have special needs as well. It seems clear the existing service delivery system for elders in New York City was not adequately meeting the special needs of the Korean elderly. As an alternative to the inadequate service delivery, a majority of Korean elders expressed their strong desire to have a multiservice Korean Senior Citizen Center through which a comprehensive and coordinated social service and nutrition program can be provided by bilingual and bicultural staffs. The multiservice program for the Korean elders can be expanded through the existing ethnic organizations such as the Korean community center or Korean senior citizen club which have been serving a linkage role for Korean elders to needed formal services.

Although this study has dealt with conditions and problems of Korean elders residing in New York City area, a similar situation may prevail among Korean elders across the United States. The recommended multiservice center designed as a coordinated informal and formal service network, provided by bilingual and bicultural staffs, could qualify as an experimental model not only for Korean elderly in the New York City area but in other parts of the United States where Korean elders are concentrated in substantial numbers.

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